

## EVENT CALENDAR LISTING REQUEST FORM

Today's Date: MM-DD-YYYY	Requested By:
Event Contact Email:	
Event Contact Phone:	
Local Section or Committee:	
If this is a Partner Event, include a link to the event registration along with any special registration instructions:	

### EVENT INFORMATION

Event Title:	
Event Start Date:	Event End Date:
Event Start Time:	Event End Time:
Venue/Event Location Name:	
Street Address Line 1:	
Street Address Line 2:	
City:	
State:	
Zip:	
Contact Hours:	
Event Category:	
<i>If contact hours are requested, please note verification could take up to two weeks.</i>	
Additional contact if different from above:	
Additional email if different from above:	
Additional phone if different from above:	
Speaker 1 Name:	Speaker 1 Email:
Speaker 1 Agency:	
Speaker 2 Name:	Speaker 2 Email:
Speaker 2 Agency:	
Speaker 3 Name:	Speaker 3 Email:
Speaker 3 Agency:	
Speaker 4 Name:	Speaker 4 Email:
Speaker 4 Agency:	

### EVENT DETAILS

Please include as much detail as possible, including additional speaker names, meal options or any other options you would like us to set-up as part of registration.

### FEATURED IMAGE

Optional: Submit a jpg to accompany your event listing 500x300 when you submit this form.

### EVENT SET-UP PROCESS

Email this form and any images to [memberservices@cwea.org](mailto:memberservices@cwea.org)